# **House Athletics**

**Bill Sewart Athletics Track**

*Thursday 12th March 2015 9:15am - 2:45pm*

Dear Parents,

This year we will be holding the House Athletics Carnival at Bill Sewart Reserve on Thursday 12th March. It should be a wonderful day with the children competing in all events. It is an extremely long day and in the past a very hot day, so children will need to come prepared.

What to wear - House colours / Runners / Hat / Sunscreen

Food - Plenty of healthy snacks and drinks. (No cans \ bottles of fizzy drink to be taken).

To ensure a successful carnival, we require many parent helpers to assist on the day. This year as a parent helper you will rotate through the events with your child’s age group, thus ensuring you get to see your child compete in all events on the day. There will be teachers in charge at each event and as a parent helper your role will be to assist with tasks such as supervision, raking pits, measuring and collecting equipment etc. As always your support is greatly appreciated.

If your child has not paid the excursion levy, the cost of the day will be **$12.00**. Please return this notice and money by **Friday 6th March**.

Clinton Walsh – Physical Education Coordinator

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# **House Athletics**

**Bill Sewart Athletics Track**

*Thursday, 12th March 2015 9:15am - 2:45pm*

I give permission for ……………………………… ……………………………………...of Grade ………………... to participate in the House Athletics and travel by bus to the Bill Sewart Athletics Track on Thursday, 12th March 2015.

I authorise the teacher in charge to consent where it is impracticable to communicate with me, to my child receiving medical or surgical treatment as may be deemed necessary.

* I enclose $12.00 to cover the cost of the excursion 🞎

* I have paid the excursion levy 🞎

Signed ……………………………………………….. Phone ….…………………………………….

(Parent/Guardian)

Emergency …………………………………..

**Medical Conditions (please circle)** None Anaphylactic

Asthmatic Diabetes

Other …...…………………………………………………………………………………………………...

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**House Athletics Parent Helper 2015**

I’m available to assist at my child’s age group on the day.

Adult’s Name: …………………………………......... Phone No. ……………………………………….

Child’s Name: ……………………………………….. Child’s Grade: …………………………………..